

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">101077280</div>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11	1						61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16							66	
17		1					67	
18		1					68	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	2						Total Indep	
Total Depend	17						Total Depend	
Total Claims	19						Total Claims	